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GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAV

May 11, 2022

Marcia Tevelde Northern Comfort Specialized Care, Inc. 547 Michigan Ave. Manistique, MI 49854

> RE: License #: AS770308910 Investigation #: 2022A0234009

> > Northern Comfort Spec. Care

Dear Ms. Tevelde:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation?
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (906) 789-4604.

Sincerely,

Maria DeBacker Licensing Consu

Maria Debacker

Maria DeBacker, Licensing Consultant Bureau of Community and Health Systems 305 Ludington St Escanaba, MI 49829 (906) 280-8531

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS770308910
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Investigation #:	2022A0234009
Complaint Receipt Date:	04/25/2022
	0 1/20/2022
Investigation Initiation Date:	04/26/2022
	00/04/0000
Report Due Date:	06/24/2022
Licensee Name:	Northern Comfort Specialized Care, Inc.
Licensee Address:	547 Michigan Ave.
	Manistique, MI 49854
Licensee Telephone #:	(906) 450-5723
	(655) 155 51 = 5
Administrator:	Marcia Tevelde
Licenses Decimans	Maraja Tayalda
Licensee Designee:	Marcia Tevelde
Name of Facility:	Northern Comfort Spec. Care
,	,
Facility Address:	8082 W US Hwy 2
	Manistique, MI 49854
Facility Telephone #:	(906) 450-5723
ruemey recognisms m	(666) 166 6726
Original Issuance Date:	10/28/2010
License Ctature	DECLUAD
License Status:	REGULAR
Effective Date:	10/27/2021
Expiration Date:	10/26/2023
Canacity	6
Capacity:	6

Program Type:	PHYSICALLY HANDICAPPED
	AGED
	TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

Violation Established?

Unknown client did not receive medication for 5 days. During that time, the resident appeared to be going through withdrawals. The resident was throwing up.	No
Ryan Raynes was allowed to drive residents without a license.	Yes
Additional Findings	NO

III. METHODOLOGY

04/25/2022	Special Investigation Intake 2022A0234009
04/25/2022	APS Referral Received referral from APS
04/26/2022	Special Investigation Initiated - Telephone APS called
04/27/2022	Inspection Completed On-site
04/27/2022	Inspection Completed-BCAL Sub. Compliance
04/28/2022	Contact - Face to Face Face to face visit with Courtney Aversa. Christina Roddy (staff) Residents A, B, and C
05/10/2022	Exit Conference with Marcia Tevelde
5/11/22	Contact -Telephone made Call made Call to Courtney Aversa
5/11/22	Contact- Telephone call made Call to Ryan Raynes

ALLEGATION:

Unknown client did not receive medication for 5 days. During that time, the resident appeared to be going through withdrawals. The resident was throwing up

INVESTIGATION:

An announced visit occurred on 4/28/22 Staff member Christina Roddy answered. She was unaware of details but said when she first started working there 2 months ago, she heard something about medications or missing medications. She had no further information or access to files. She was able to say that she believed the incident involved resident A. She called Courtney Aversa to return to the home to meet with this worker.

Courtney Aversa returned to the home and was interviewed on 4/27/22. She was opened the office and was able to provide insight and documentation. She stated a few months ago staff were confused about passing Resident A's medication because they came in prepackaging with the date, and they were not used to that. She stated that she found 2 medications separate from the others and she does not believe they were passed. It is difficult to tell from the MARS as medications were passed "out of order" and the dates on the medication were off. She found a Olletopine 200 mg and a Gabapentin 400 mg in a different drawer. She stated that she immediately had a staff meeting and medication training to make sure everyone knew how to pass the prepackaged medicine of Resident A.

MARS and medications were reviewed on 4/27/22. There were no consecutive days of missed medication noted for any resident in the home.

Resident A was interviewed on 4/27/22. She stated that she does remember that there was an issue with her medication but says she was not "really sick". She stated that she never felt "yucky" or threw up. She says it only happened one time and she does not remember if she missed meds or what meds they were. She only remembers staff talking about it.

Resident B was interviewed on 4/27/22. He stated that he has never had an issue with his medication and is not aware of medication mistakes. He does not recall anyone getting sick because they did not have medication.

Resident C was interviewed on 4/27/22. He stated that he has never witnessed or heard about medication mistakes. He does not recall anyone getting sick because they did not have medication.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	There is no evidence to support the allegation that medication was missing or that a resident missed 5 days of medication and was having withdrawals.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Ryan Raynes was allowed to drive residents without a license.

INVESTIGATION:

An announced visit occurred on 4/28/22 with Staff member Christina Roddy. She stated that she had heard from other staff that Ryan Raynes transported residents without a license, but she did not know if it was true or not as he no longer worked there.

Courtney Aversa returned to the home and was interviewed on 4/27/22. She stated that Ryan Raynes did transport residents on 2 occasions. She said she was unaware of rumors that he did not have a drivers license. She was able to provide his personnel file and she did not have a copy of his driver's license. She stated that Mr. Raynes employment has been terminated for other reasons and there is no way to determine whether he has a license. She stated from now on she will make sure to get valid license confirmation prior to allowing staff to drive residents. She denied hearing from staff or residents that he did not have a driver's license. Courtney Aversa was talked to again on 5/11/22 to get a phone number for Ryan Raynes she stated that he gave a driver's license number of R500 755 135 082 but she does not have a copy of the identification.

Attempted to contact Ryan Raynes on 5/11/22 by the phone number he provided to the facility 906-450-1051 but the number has a recording that says it is unavailable.

Resident A was interviewed on 4/27/22. She said she never rode in the vehicle with Ryan Raynes but other residents did. She said she head later that he did not have a driver's license.

Resident B was interviewed on 4/27/22. He said that he has ridden in the vehicle with Ryan Raynes and heard later from staff that Mr. Raynes did not have a driver's license.

Resident C was interviewed on 4/27/22. He stated that he did ride with Ryan Raynes in a vehicle to go out to eat and to doctor appointments. He stated that he heard from staff later that Ryan Raynes did not have a license.

APPLICABLE RULE		
R 400.14319	Resident transportation.	
	When a home provides transportation for a resident, the licensee shall assure all of the following: (a) That a vehicle is in good operating condition. (b) That a vehicle carries a basic first aid kit. (c) That residents who are transported by truck ride only in the cab. (d) That a vehicle operator has a valid driver's license. A licensee who uses a motor vehicle with a manufacturer's rated seating capacity of 16 or more persons shall comply with the provisions of section 715a of Act No. 300 of the Public Acts of 1949, as amended, being _257.715a of the Michigan Compiled Laws.	
ANALYSIS:	It is unclear whether Mr. Raynes has a valid license however he was allowed to transport residents on at least 2 occasions without verification.	
CONCLUSION:	VIOLATION ESTABLISHED	

An Exit Conference was conducted with Marcia Tevelde, Licensee Designee on 5/10/22. She was informed of the findings of this report and the expectation of an acceptable corrective action plan

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change to the status of this license.

5/10/22

Maria DeBacker Licensing Consultant

Maria Debacker

Date

Approved By:

May Holles 5/11/

Mary E. Holton Area Manager

Date